

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573,087

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		1		1		
11		1		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16	1		1			
17	1		1			
18		1		1		
19	1		1			
20		0		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25		0		1		
26	1		1			
27		1		1		
28		2		1		
29		1		1		
30		0		1		
31		0		1		
32		0		1		
33	1		1			
34		0		1		
35		0		1		
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50						
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	34	←	29	←		←
TOTAL CLAIMS	40		35			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						